



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|---|---|--|---|
| Name <i>Fitzgerald School</i> | Date <i>6/6/19</i> | Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Address <i>140 Beet Road</i> | Risk Level | | |
| Telephone | | | |
| Owner | HACCP Y/N | | |
| Person in Charge (PIC) <i>Cherie Dolan</i> | Time In: <i>10:20</i> Out: <i>10:35</i> | Permit No. | |
| Inspector <i>M. DeFino</i> | | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.009) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|----------------------------|-------------------------|
| Inspector's Signature: <i>[Signature]</i> | Print: <i>Mike DeFino</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>Cherie Dolan</i> | Print: <i>Cherie Dolan</i> | |
| Date Last Inspected: <i>2-11-19</i> | Inspected by: <i>IC</i> | |

Satisfactory

Hand - 8-10-18 (Annual) Dumpster Bury/How storage

PLEASE BE ADVISED *CD*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 25 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 86, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel: (781) 314-3305
Fax: (781) 314-3319

| | | | |
|--|------------------------|---|---|
| Name: <u>Fitzgerald School</u> | Date: <u>7/17/12</u> | Type of Operation(s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Address: <u>140 Beal Rd.</u> | Risk Level: | | |
| Telephone: | | | |
| Owner: | HACCP Y/N: | | |
| Person in Charge (PIC): <u>Chene Dolan</u> | Time In: <u>10:30</u> | | |
| Inspector: <u>Paul A. Colon</u> | Time Out: <u>10:45</u> | Permit No.: | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☒
Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surface Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-------------------------|
| Inspector's Signature: <u>Paul A. Colon</u> | Print: <u>Paul A. Colon</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Chene Dolan</u> | Print: <u>Chene Dolan</u> | |
| Date Last Inspected: <u>6-5-12</u> | Inspected by: <u>M.P.</u> | |

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PLEASE BE ADVISED CD

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 2B and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 86, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|---|-----------------------|---|---|
| Name <i>Kennedy Middle School</i> | Date <i>6-6-12</i> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service | Type of Inspection <input checked="" type="checkbox"/> Routine |
| Address <i>655 Lexington St</i> | Risk Level | <input type="checkbox"/> Retail | <input type="checkbox"/> Re-inspection |
| Telephone | | <input type="checkbox"/> Residential Kitchen | Previous Inspection Date: |
| Owner | HACCP Y/N | <input type="checkbox"/> Mobile | <input type="checkbox"/> Pre-operation |
| Person in Charge (PIC) <i>Tania Peterson</i> | Time In: <i>10:25</i> | <input type="checkbox"/> Temporary | <input type="checkbox"/> Suspect Illness |
| Inspector <i>Ivan A. Colon</i> | Out: <i>11:40</i> | <input type="checkbox"/> Caterer | <input type="checkbox"/> General Complaint |
| | | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> HACCP |
| | | Permit No. | <input type="checkbox"/> Other |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking, Tobacco
590.009 (B) ☒ 590.009 (F) ☐

Yes

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties *Yes*

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

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Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Red Items 1-22):

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DATE OF REINSPECTION:

| | | |
|---|------------------------------|-------------------------|
| Inspector's Signature: <i>Ivan A. Colon</i> | Print: <i>Ivan A. Colon</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>Tania Peterson</i> | Print: <i>TANIA PETERSON</i> | |
| Date Last Inspected: <i>2-12-12</i> | Inspected by: <i>MD</i> | |

Satisfactory

PLEASE BE ADVISED *TP*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
118 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|------------------------|---|---|
| Name <i>Kennedy Middle School</i> | Date <i>9/11/19</i> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service | Type of Inspection <input checked="" type="checkbox"/> Routine |
| Address <i>655 Lexington St.</i> | Risk Level | <input type="checkbox"/> Retail | <input type="checkbox"/> Re-inspection |
| Telephone | | <input type="checkbox"/> Residential Kitchen | Previous Inspection Date: |
| Owner | HACCP Y/N | <input type="checkbox"/> Mobile | <input type="checkbox"/> Pre-operation |
| Person in Charge (PIC) <i>TANJA PETERSON</i> | Time In: <i>10:25</i> | <input type="checkbox"/> Temporary | <input type="checkbox"/> Suspect Illness |
| Inspector <i>Evan A. Colon</i> | Out: <i>10:40</i> | <input type="checkbox"/> Caterer | <input type="checkbox"/> General Complaint |
| | | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> HACCP |
| | | Permit No. | <input type="checkbox"/> Other |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☒ Tobacco 590.009 (F) ☐

Yes

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties *Y*

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employees and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|------------------------------|-------------------------|
| Inspector's Signature: <i>Evan A. Colon</i> | Print: <i>Evan A. Colon</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>Tanja Peterson</i> | Print: <i>TANJA PETERSON</i> | |
| Date Last Inspected: <i>6-6-19</i> | Inspected by: <i>E.C.</i> | |

Satisfactory

PLEASE BE ADVISED *TP*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|---|-----------------------|--|--|
| Name: <u>MacArthur School</u> | Date: <u>6/11/19</u> | Type of Operation (s): <input checked="" type="checkbox"/> Food Service | Type of Inspection: <input checked="" type="checkbox"/> Routine |
| Address: <u>494 Lincoln St.</u> | Risk Level: | <input type="checkbox"/> Retail | <input type="checkbox"/> Re-inspection |
| Telephone: | | <input type="checkbox"/> Residential Kitchen | Previous Inspection Date: |
| Owner: | HACCP Y/N: | <input type="checkbox"/> Mobile | <input type="checkbox"/> Pre-operation |
| Person in Charge (PIC): <u>Melissa Turpin</u> | Time In: <u>10:05</u> | <input type="checkbox"/> Temporary | <input type="checkbox"/> Suspect Illness |
| Inspector: <u>James A. Colon</u> | Time Out: <u>6:20</u> | <input type="checkbox"/> Caterer | <input type="checkbox"/> General Complaint |
| | | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> HACCP |
| | | Permit No.: | <input type="checkbox"/> Other: |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.008 (E) ☒ Yes
Tobacco 590.008 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employees and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

3. 300 Inspection Form 14.400

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF REINSPECTION:

| | | |
|--|------------------------------|-------------------------|
| Inspector's Signature: <u>James A. Colon</u> | Print: <u>James A. Colon</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Melissa Turpin</u> | Print: <u>Melissa Turpin</u> | |
| Date Last Inspected: <u>2-11-19</u> | Inspected by: <u>FC</u> | |

Satisfactory

PLEASE BE ADVISED MT

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|-----------------------|---|--|
| Name <u>McC Arthur School</u> | Date <u>8/12/19</u> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Address <u>494 Lincoln St</u> | Risk Level _____ | | |
| Telephone _____ | | | |
| Owner _____ | HACCP Y/N _____ | | |
| Person in Charge (PIC) <u>Melissa Tupper</u> | Time In: <u>10:00</u> | | |
| Inspector <u>Mike DeFino</u> | Out: <u>10:15</u> | Permit No. _____ | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employees and PIC
☐ 3. Personnel with Infectious Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|--------------------------|--------------------------|----------------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Management and Personnel | (FC-2)(590.003) |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Food and Food Protection | (FC-3)(590.004) |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Equipment and Utensils | (FC-4)(590.005) |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Physical Facility | (FC-6)(590.007) |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Special Requirements | (590.009) |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|------------------------------|-------------------------|
| Inspector's Signature: <u>Mike DeFino</u> | Print: <u>Mike DeFino</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Melissa Tupper</u> | Print: <u>Melissa Tupper</u> | |
| Date Last Inspected: <u>6-11-19</u> | Inspected by: <u>IC</u> | |

Satisfactory

Handed - 8-20-19 Dimpster / Belfino / Serrano

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|-----------------------|--|---|
| Name: <u>McDevitt Middle School</u> | Date: <u>5/31/19</u> | Type of Operation (s) | Type of Inspection |
| Address: <u>75 Church St</u> | Risk Level | <input checked="" type="checkbox"/> Food Service | <input checked="" type="checkbox"/> Routine |
| Telephone: | | <input type="checkbox"/> Retail | <input type="checkbox"/> Re-inspection |
| Owner: | HACCP Y/N | <input type="checkbox"/> Residential Kitchen | Previous Inspection Date: |
| Person in Charge (PIC): <u>[Signature]</u> | Time In: <u>10:00</u> | <input type="checkbox"/> Mobile | <input type="checkbox"/> Pre-operation |
| Inspector: <u>M. Del Rio</u> | Out: <u>10:20</u> | <input type="checkbox"/> Temporary | <input type="checkbox"/> Suspect Illness |
| | | <input type="checkbox"/> Caterer | <input type="checkbox"/> General Complaint |
| | | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> HACCP |
| | | Permit No. | <input type="checkbox"/> Other |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

Yes

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|----------------------------|-------------------------|
| Inspector's Signature: <u>[Signature]</u> | Print: <u>Mike Del Rio</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>[Signature]</u> | Print: <u>Sady Garcia</u> | |
| Date Last Inspected: <u>2-11-19</u> | Inspected by: <u>IC</u> | |

Sanitation

Hand - 2-11-19 / 10 days / Teachers all / BSH / HW / 8/20/19

PLEASE BE ADVISED S. G.

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
118 School Street
Waltham, MA 02461
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|------------------------|--|--|
| Name <i>McDevitt Middle School</i> | Date <i>7/11/19</i> | Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bar & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Address <i>75 Church St</i> | Risk Level | | |
| Telephone | | | |
| Owner | HACCP V/N | | |
| Person in Charge (PIC) <i>Lisa Giordano</i> | Time In: <i>10:35</i> | | |
| Inspector <i>M. Delfino</i> | Out: <i>10:50</i> | Permit No. | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking Tobacco
590.008 (E) ☐ 590.008 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employees and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tag / Record / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|--|-----------------------------|-------------------------|
| Inspector's Signature: <i>[Signature]</i> | Print: <i>Mike Delfino</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>[Signature]</i> | Print: <i>Lisa Giordano</i> | |
| Date Last Inspected: <i>5-31-19</i> | Inspected by: <i>MD</i> | |

Sally Furtner

Hand - 8-19-19 Dumpster / Bar / 12w / milk / Teachers room

PLEASE BE ADVISED

LG.

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02461
Tel. (781) 314-3805
Fax. (781) 314-3318

| | | | |
|---|------------------------|---|--|
| Name <i>North East School</i> | Date <i>2/13/19</i> | Type of Operation (a) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Address <i>70 Putney Lane</i> | Risk Level | | |
| Telephone | | | |
| Owner | HACCP Y/N | | |
| Person In Charge (PIC) <i>Lauree Cence</i> | Time In: <i>10:20</i> | | |
| Inspector <i>M. Delfino</i> | Time Out: <i>10:35</i> | Permit No. | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employees and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

5. Special Requirements - see doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the name checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|--|----------------------------|-------------------------|
| Inspector's Signature: <i>M. Delfino</i> | Print: <i>Mike Delfino</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>Lauree Cence</i> | Print: <i>Lauree Cence</i> | |
| Date Last Inspected: <i>12-5-18</i> | Inspected by: <i>MD</i> | |

Seeds Factory

Hand - 8-20-18 Dumps per Beth/HW Storage

PLEASE BE ADVISED *LC*

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|-----------------------|---|---|
| Name <u>Northwest School</u> | Date <u>6/11/19</u> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Address <u>70 Pottery Lane</u> | Risk Level | | |
| Telephone _____ | | | |
| Owner _____ | HACCP Y/N | | |
| Person in Charge (PIC) <u>Laurie Cence</u> | Time In: <u>10:30</u> | Permit No. _____ | |
| Inspector <u>Paul A. Colon</u> | Out: <u>1:45</u> | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking 590.009 (E) ☒ Tobacco 590.009 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties 4/4

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employees and PIC
☐ 3. Personnel With Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.005) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.005) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-------------------------|
| Inspector's Signature: <u>Paul A. Colon</u> | Print: <u>Paul A. Colon</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Laurie Cence</u> | Print: <u>Laurie Cence</u> | |
| Date Last Inspected: <u>2-13-19</u> | Inspected by: <u>M.D.</u> | |

Satisfactory

PLEASE BE ADVISED LC

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CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
110 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|-----------------------|---|---|
| Name <u>Northeast School</u> | Date <u>9/16/17</u> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service | Type of Inspection <input checked="" type="checkbox"/> Routine |
| Address <u>70 Putney Lane</u> | Risk Level | <input type="checkbox"/> Retail | <input type="checkbox"/> Re-inspection |
| Telephone | | <input type="checkbox"/> Residential Kitchen | Previous Inspection Date: |
| Owner | HACCP/Y/N | <input type="checkbox"/> Mobile | <input type="checkbox"/> Pre-operation |
| Person in Charge (PIC) <u>Laurie Cence</u> | Time In: <u>10:05</u> | <input type="checkbox"/> Temporary | <input type="checkbox"/> Suspect Illness |
| Inspector <u>Russ A. Colon</u> | Out: <u>10:20</u> | <input type="checkbox"/> Caterer | <input type="checkbox"/> General Complaint |
| | | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> HACCP |
| | | Permit No. | <input type="checkbox"/> Other |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☒ 49
Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties Y

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Resolving / Condition
☐ 6. Tags / Records / Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-------------------------|
| Inspector's Signature: <u>Russ A. Colon</u> | Print: <u>Russ A. Colon</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Laurie Cence</u> | Print: <u>Laurie Cence</u> | |
| Date Last Inspected: <u>6-11-19</u> | Inspected by: <u>ch.c.</u> | |

PLEASE BE ADVISED LC

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



Board of Health
110 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|-----------------------|---|--|
| Name <i>Phympton School</i> | Date <i>6/6/19</i> | Type of Operation (s) | Type of Inspection |
| Address <i>20 Farnsworth St.</i> | Risk Level | <input checked="" type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile | <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: |
| Telephone | | <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Owner | HACCP Y/N | | |
| Person in Charge (PIC) <i>Donna Butts</i> | Time In: <i>8:50</i> | | |
| Inspector <i>M. Delfino</i> | Out: <i>1:05</i> | Permit No. | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking **Tobacco**
 590.009 (E) ☐ 590.009 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

yes

- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
- ☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
- ☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
- ☐ 5. Receiving / Condition
- ☐ 6. Tega / Records/Accuracy of Ingredient Statements
- ☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
- ☐ 17. Reheating
- ☐ 18. Cooling
- ☐ 19. Hot and Cold Holding
- ☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
- ☐ 9. Food Contact Surfaces Cleaning and Sanitizing
- ☐ 10. Proper Adequate Handwashing
- ☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐
22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Crucial (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-crucial (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

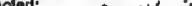

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

S. N. G. Spectroscopy - 14.10.00

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|--|--------------------|-----------------------|
| Inspector's Signature:  | Print: Mike DeFino | Page ___ of ___ Pages |
| PIC's Signature:  | Print: D Butts | |
| Date Last Inspected: 2-14-19 | Inspected by: IC | |

Satisfactory

PLEASE BE ADVISED *dp*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 68, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|---|------------------------|--|---|
| Name: <u>Plympton School</u> | Date: <u>9/12/17</u> | Type of Operation (s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Address: <u>20 Farnsworth St.</u> | Risk Level: | | |
| Telephone: | | | |
| Owner: | HACCP Y/N: | | |
| Person in Charge (PIC): <u>Donna Butler</u> | Time In: <u>10:00</u> | Permit No.: | |
| Inspector: <u>Erin A. Colon</u> | Time Out: <u>11:15</u> | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anli-Choking 590.009 (E) ☒
Tobacco 590.008 (F) ☐

FOOD PROTECTION MANAGEMENT

☒ 1. PIC Assigned / Knowledgeable / Outlets Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Sources
☐ 5. Receiving / Condition
☐ 6. Tag / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygiene Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-----------------------|
| Inspector's Signature: <u>Erin A. Colon</u> | Print: <u>Erin A. Colon</u> | Page ___ of ___ Pages |
| PIC's Signature: <u>Donna Butler</u> | Print: <u>Donna Butler</u> | |
| Date Last Inspected: <u>6-5-17</u> | Inspected by: <u>M.D.</u> | |

Satisfactory

PLEASE BE ADVISED DP

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 29 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



Board of Health
110 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|---|--|--|
| Name <i>Waltham High School</i> | Date <i>6-6-19</i> | Type of Operation (s) | Type of Inspection |
| Address <i>617 Lexington St</i> | Risk Level | <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: |
| Telephone | | | <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Owner | HACCP Y/N | | |
| Person In Charge (PIC) <i>CAROL EHWAY</i> | Time In: <i>10:05</i> Out: <i>10:20</i> | Permit No. | |
| Inspector <i>James A. Cope</i> | | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking 590.009 (E) ☒ **Tobacco** 590.009 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION-MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties *Yes*

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
- ☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
- ☐ 5. Receiving / Condition
- ☐ 6. Tags / Records/Accuracy of Ingredient Statements
- ☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
- ☐ 9. Food Contact Surfaces Cleaning and Sanitizing
- ☐ 10. Proper Adequate Handwashing
- ☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
- ☐ 17. Reheating
- ☐ 18. Cooling
- ☐ 19. Hot and Cold Holding
- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐
21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(990.003) |
| | | 24. Food and Food Protection | (FC-3)(990.004) |
| | | 25. Equipment and Utensile | (FC-4)(990.008) |
| | | 26. Water, Plumbing and Waste | (FC-6)(990.006) |
| | | 27. Physical Facility | (FC-8)(990.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(990.008) |
| | | 29. Special Requirements | (990.009) |
| | | 30. Other | |

1. **Cost of Sales** \$0.00

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.007 of Federal Food Code. This report, when aligned below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by the order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|---------------------------------------|
| Inspector's Signature: <i>[Signature]</i> | Print: <i>Jana A. Cohen</i> | Page <u> </u> of <u> </u> Pages |
| PIC's Signature: <i>[Signature]</i> | Print: <i>Carol E. HWA</i> | |
| Date Last Inspected: <i>2-12-19</i> | Inspected by: <i>M.D</i> | |

Saturday

PLEASE BE ADVISED C-5

The completed inspection report form is a public record as defined in M.G.L. c. 4, a, 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 1D.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
118 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|--|--|---|
| Name <i>Waltham High School</i> | Date <i>9/14/19</i> | Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Address <i>617 Lexington ST.</i> | Risk Level | | |
| Telephone | | | |
| Owner | HACCP Y/N | | |
| Person in Charge (PIC) <i>Carol Ehwia</i> | Time In: <i>10:00</i> Out: <i>1:25</i> | Permit No. | |
| Inspector <i>Don A. Colon</i> | | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☒ Yes
Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties *Yes*

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | |
|---|---|--|
| | | 23. Management and Personnel (FC-2)(590.003) |
| | | 24. Food and Food Protection (FC-3)(590.004) |
| | | 25. Equipment and Utensils (FC-4)(590.006) |
| | | 26. Water, Plumbing and Waste (FC-5)(590.008) |
| | | 27. Physical Facility (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials (FC-7)(590.008) |
| | | 29. Special Requirements (590.009) |
| | | 30. Other |

FC-230 Inspection Form-14.doc

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.002/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|--|----------------------------|-------------------------|
| Inspector's Signature: <i>Don A. Colon</i> | Print: <i>Don A. Colon</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>Carol Ehwia</i> | Print: <i>Carol Ehwia</i> | |
| Date Last Inspected: <i>6-6-19</i> | Inspected by: <i>J.C.</i> | |

Satisfactory

PLEASE BE ADVISED *CE*

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|------------------------|---|---|
| Name: <u>Waldenmore School</u> | Date: <u>5/31/19</u> | Type of Operation (s): | Type of Inspection: |
| Address: <u>300 Parkmerden Rd.</u> | Risk Level: | <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Telephone: | | | |
| Owner: | HACCP Y/N: | | |
| Person in Charge (PIC): <u>Shirley Annan</u> | Time In: <u>10:30</u> | | |
| Inspector: <u>M. DeFran</u> | Time Out: <u>10:45</u> | | |
| | | Permit No.: | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surface Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

5. 590.009 (F) (H) (M) (S) (T) (U) (V) (W) (X) (Y) (Z)

Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 108 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-------------------------|
| Inspector's Signature: <u>[Signature]</u> | Print: <u>Mike DeFran</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Shirley Annan</u> | Print: <u>Shirley Annan</u> | |
| Date Last Inspected: <u>2-12-19</u> | Inspected by: <u>IC</u> | |

Satisfactory

1001-8-8-19 (Annual) Dumpster Bath/Hall Storage

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, a. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|-----------------------|--|---|
| Name: <u>White Horse School</u> | Date: <u>7/11/19</u> | Type of Operation (s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Address: <u>30 Parmenter road</u> | Risk Level: | | |
| Telephone: | | | |
| Owner: | HACCP/Y/N: | | |
| Person In Charge (PIC): <u>Shirley Aronson</u> | Time In: <u>10:55</u> | | |
| Inspector: <u>M. Del Fina</u> | Out: <u>11:10</u> | Permit No.: | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:
Anti-Choking Tobacco
\$90,000 (E) ☐ \$90,000 (F) ☐

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infectious Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source.
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surface Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

31. HACCP Form 14.doc

Number of Violated Provisions Related To Foodborne Illness Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-------------------------------|-------------------------|
| Inspector's Signature: <u>[Signature]</u> | Print: <u>Mike Del Fina</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>[Signature]</u> | Print: <u>Shirley Aronson</u> | |
| Date Last Inspected: <u>5-27-19</u> | Inspected by: <u>mi</u> | |

Satisfactory

Hand - 8-19-19 Dumpster ✓ Bath/HW ✓ Storage ✓ Milk ✓

PLEASE BE ADVISED [Signature]

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 2B and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|--|---|--|
| Name <u>William F. Stanley School</u> | Date <u>2-12-11</u> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____ |
| Address <u>250 South St.</u> | Risk Level | Permit No. | |
| Telephone | | | |
| Owner | HACCP Y/N | | |
| Person in Charge (PIC) <u>LISA MULLA</u> | Time In: <u>2:30</u> Out: <u>2:50</u> | | |
| Inspector <u>Ivan A. Colon</u> | | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) Yes
Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

☒ 1. PIC Assigned / Knowledgeable / Duties Yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-------------------------|
| Inspector's Signature: <u>Ivan A. Colon</u> | Print: <u>Ivan A. Colon</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>Lisa Mulla</u> | Print: <u>Lisa Mulla</u> | |
| Date Last Inspected: <u>12-6-10</u> | Inspected by: <u>T.C.</u> | |

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PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 28 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|---|------------------------|---|--|
| Name <i>William F. Spentley School</i> | Date <i>3/30/19</i> | Type of Operation (s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Address <i>280 South St</i> | Risk Level | | |
| Telephone | | | |
| Owner | HACCP Y/N | | |
| Person in Charge (PIC) <i>[Signature]</i> | Time In: <i>10:30</i> | Permit No. | |
| Inspector <i>M. DeFino</i> | Out: <i>10:45</i> | | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☐ Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

yes

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tags / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | Item | Code |
|---|---|-----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Pesticides or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

5-2002/inspect/rev-14 dhr

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-------------------------------|-------------------------|
| Inspector's Signature: <i>[Signature]</i> | Print: <i>Mike DeFino</i> | Page ____ of ____ Pages |
| PIC's Signature: <i>[Signature]</i> | Print: <i>L. S. S. Miller</i> | |
| Date Last Inspected: <i>2-12-19</i> | Inspected by: <i>TC</i> | |

Satisfactory

Food - 8-8-18 (Annoy) Dumpster Bash/How Storage

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 26 and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.



CITY OF WALTHAM

FOOD ESTABLISHMENT INSPECTION REPORT

Board of Health
119 School Street
Waltham, MA 02451
Tel. (781) 314-3305
Fax. (781) 314-3319

| | | | |
|--|------------------------|--|---|
| Name: <u>William F Stanley School</u> | Date: <u>7/16/12</u> | Type of Operation (s): <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast | Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other |
| Address: <u>250 South St.</u> | Risk Level: | | |
| Telephone: | | | |
| Owner: | HACCP Y/N: | | |
| Person in Charge (PIC): <u>[Signature]</u> | Time In: <u>10:35</u> | | |
| Inspector: <u>Ivan A. Colon</u> | Time Out: <u>12:50</u> | Permit No.: | |

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
Anti-Choking 590.009 (E) ☒
Tobacco 590.009 (F) ☐

FOOD PROTECTION MANAGEMENT

- ☒ 1. PIC Assigned / Knowledgeable / Duties Y

EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC
☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source
☐ 5. Receiving / Condition
☐ 6. Tag / Records/Accuracy of Ingredient Statements
☐ 7. Conformance with Approved Procedures / HACCP Plans

PROTECTION FROM CONTAMINATION

- ☐ 8. Separation / Segregation / Protection
☐ 9. Food Contact Surfaces Cleaning and Sanitizing
☐ 10. Proper Adequate Handwashing
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands
☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures
☐ 17. Reheating
☐ 18. Cooling
☐ 19. Hot and Cold Holding
☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

| Y | N | | |
|---|---|----------------------------------|-----------------|
| | | 23. Management and Personnel | (FC-2)(590.003) |
| | | 24. Food and Food Protection | (FC-3)(590.004) |
| | | 25. Equipment and Utensils | (FC-4)(590.005) |
| | | 26. Water, Plumbing and Waste | (FC-5)(590.006) |
| | | 27. Physical Facility | (FC-6)(590.007) |
| | | 28. Poisonous or Toxic Materials | (FC-7)(590.008) |
| | | 29. Special Requirements | (590.009) |
| | | 30. Other | |

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 108 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health of the above address within 10 days of receipt of this order.

DATE OF REINSPECTION:

| | | |
|---|-----------------------------|-------------------------|
| Inspector's Signature: <u>[Signature]</u> | Print: <u>Ivan A. Colon</u> | Page ____ of ____ Pages |
| PIC's Signature: <u>[Signature]</u> | Print: <u>LISA S. MULLA</u> | |
| Date Last Inspected: <u>5-30-12</u> | Inspected by: <u>M.D.</u> | |

Satisfactory

PLEASE BE ADVISED

The completed inspection report form is a public record as defined in M.G.L. c. 4, s. 7, clause 2B and shall be made available for public disclosure to any person who requests it pursuant to M.G.L. c. 66, s. 10.